

TO: DIRECTOR, COMMISSIONED PERSONNEL CENTER, CPC		FROM: ROUTING CODE: ADDRESS:   PHONE NUMBER:
THRU (Liaison Officer):		
BILLET TITLE:	BILLET #: _____	
RANK REQUESTED: (0-2, 0-3, 0-4, etc.) _____		(This block to be completed by liaison officer) IS THIS A NEW BILLET: YES NO BILLET PRIORITY: A, B, C, R
GS/GM EQUIVALENT: _____		

IMMEDIATE SUPERVISOR:	TITLE:	PHONE NUMBER:
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EDUCATIONAL REQUIREMENTS:

OTHER QUALIFICATIONS (INCLUDE PARTICULAR SECURITY CLEARANCES, SKILLS, ETC...)

1. GENERAL DESCRIPTION OF BILLET:

2. DUTIES AND RESPONSIBILITIES:

a. Is this a supervisory billet? YES NO

b. If so, state number and grade of personnel supervised. Number: Grade(s):

3. CAREER DEVELOPMENT OPPORTUNITIES:

4. ADDITIONAL COMMENTS:

SIGNATURE OF SUPERVISOR:

DATE: